PATENT APPLICATION FEE DETERMINATION RESORD Effective October 1, 2000 PATENT APPLICATION FEE DETERMINATION RESORD ###################################												
		CLAINS A	S FILED - (Column		(Column 2)			SHALL I	YIIIN	OR	OTHER	THAN ENTITY
TOTAL CLAIMS							1	RATE	FEE	7	RATE	FEE.
FOR			NUMBER	FLED	NUMBER EXTRA .			BASIC FE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			44 mi	mus 20=	. 39			XS 9=	26120		·X\$18=	./
JÁDES SIDES CLAIMS			4 m	inus 3 =	•	.1		X40=	4000	OA	X8Ò=	/
M	ITIPLE CÈPE	NDENT CLAIM P	RESENT		•				_	OR	·	
If the difference in column 1 is less than zero, enter "O" in column 2								+135=	0	OR	+270=	
								TOTAL	6281	ÓR	TOTAL	
	CLAIMS AS AMENDED - PART (I (Column 1) (Column 2): (Column 3)								ENTITY	OR	OTHER SMALL	
ECTA.		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		FATE	ADDI- TIONAL FEE
MDK	Total	.49	Minus	- 4	9	-	H	- X\$ 9=		ÓR	X\$18=-	
ARE	Independent	· · · · · ·	Minus OTICLE OF	ese (7	•		X40=	/	OR	.X80=)
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=/	1	OR	1210=	
								YOYAL			YOYAL ADDIT, FEE	
	2.03	. '				NDON, FEE						
AMENOMENT B		REMAINING AFTER AMENDMENT		PAID I	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total -	• 49	Minus	٠	19	a /		X\$ 9=	1	OR	X\$18=	1
	Independent FIRST PRESE	• 4	Minus II TIPI E DEC		CATA	• /		X40=	· F	OR	X80=	/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	/
. 4	. 60/8/	נטבסו	ARIE			A	YOYAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) Protumn 3) CLAIMS PROFILEST												
MENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO	Total '	• 47	Mirus	- 4	9	- /	I	X\$ 9=		OR	X\$18=	"/
M	Independent	• 4	Minus	•••	1	= /	l	X40=		OR	X80=	/
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	/			
• 1	" If the entry in column 1 is less than the entry in column 2, write "V" in column 3.									OR	+270=	
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.											
	The Highest Num	ther Proviously Pai	d For (Total o	i Independe	ui) is the	Nghest number	r four	ag pu gya etbi	propriete box	th cat	umn 1.	

FORM PTD-478 (Rev. 9/00)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

*U.S. GPG: 2000-460-70500100